

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>08/913184</b>		FILING DATE							
						APPLICANT(S)									
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1						51								
2		1					52								
3		2					53								
4		1					54								
5							55								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS	4		4				TOTAL CLAIMS								

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